

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____ Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name International Orange Spa, Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 46-1580552

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

2421 Larkspur Landing Circle
Suite 43
Larkspur, CA 94939

Number, Street, City, State & ZIP Code

Marin
County

65 Hermit Lane
Kentfield, CA 94904

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.internationalorange.com

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8121

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor International Orange Spa, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 11, 2020
MM / DD / YYYY

X /s/ Melissa Ferst
Signature of authorized representative of debtor

Title President

Melissa Ferst
Printed name

18. Signature of attorney

X /s/ Michael St. James
Signature of attorney for debtor

Date October 11, 2020
MM / DD / YYYY

Michael St. James
Printed name

St. James Law, P.C
Firm name

**22 Battery Street, Suite 888
San Francisco, CA 94111**
Number, Street, City, State & ZIP Code

Contact phone (415) 391-7568 Email address michael@stjames-law.com

95653 CA
Bar number and State

Fill in this information to identify the case:

Debtor name International Orange Spa, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 11, 2020

X /s/ Melissa Ferst

Signature of individual signing on behalf of debtor

Melissa Ferst

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **International Orange Spa, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Cross River Bank Attn: Bankruptcy 400 Kelby St. 14 th Floor Fort Lee, NJ 07024	Bankruptcy/Loss Mitigation (201) 808-7000	SBA Loan made through the Paycheck Protection Program (PPP).				\$562,607.00
Gift Certificates Various Holders	N/A N/A N/A	Unliquidated gift certificates	Unliquidated			\$1,400,000.00
Markel Corporate Headquarters Attn: Bankruptcy 4521 Highwoods Parkway Glen Allen, VA 23068	Marcia Adams Marcia.Adams@Markel.com (804) 217-8746	Worker's Compensation insurance classification/rate increase.	Disputed			\$14,765.00
U.S. Small Business Administration Attn: EIDL Loans 455 Market St. suite 600 San Francisco, CA 94105	Bankruptcy Dept. disastercustomerservice@sba.gov (415) 744-6820	Economic Injury Disaster Loan secured by a blanket lien.		\$149,900.00	\$0.00	\$75,900.00
Vera Cort, Trustee/Landlord 757 3rd Avenue San Francisco, CA 94189	Mark R. Meyer, Esq; mm@losch-ehrllich.com cortpropertiesvc@gmail.com; cortproperties@gmail.com (415) 684-8885	Lease rejection damages re: 2044 Fillmore St. 2nd Floor, San Francisco, CA 94115.	Unliquidated Disputed			\$350,000.00

Fill in this information to identify the case:Debtor name International Orange Spa, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>756,842.79</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>756,842.79</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>149,900.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>1,424,981.53</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>1,051,983.48</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>2,626,865.01</u>

Fill in this information to identify the case:Debtor name International Orange Spa, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$500.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number**3.1. Wells Fargo Bank: PO Box 6995,
Portland, OR 97228****Business Checking****5250****\$49,844.04****3.2. Wells Fargo Bank: PO Box 6995,
Portland, OR 97228****Business Savings****6773****\$612,573.75****3.3. Bank of Marin Bancorp: 504 Redwood
Blvd, Novato, CA 94947****Business Checking****9901****\$2,500.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$665,417.79**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit

Debtor International Orange Spa, Inc.
Name

Case number (If known) _____

7.1. **Security deposit held by Lessor, Vera Cort, Trustee/Landlord, 757 3rd Avenue, San Francisco CA 94189; for Debtor's business property where Debtor is Lessee, located at: 2044 Fillmore Street, 2nd floor, San Francisco, CA 94115** **\$14,448.00**

7.2. **Security deposit held by Lessor, Marin County Mart, LLC c/o J.S. Rosenfield & Co., 921 Montana Ave, Attn: James S. Rosenfield, Santa Monica CA 90403; for Debtor's business property where Debtor is Lessee, located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939.** **\$10,000.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$24,448.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
Retail inventory of finished goods for sale located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939.	N/A	Unknown	Recent cost	\$48,527.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$48,527.00

24. **Is any of the property listed in Part 5 perishable?**

☒ No

Debtor International Orange Spa, Inc.
Name

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☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939 10 Massage Tables: \$5,000 Lounge/Deck furniture: \$1,000 Retail tables and benches: \$500	Unknown	Replacement	\$6,500.00
40.	Office fixtures Office fixtures located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939 Chandelier \$3,500 2 Vintage Lamps \$500	Unknown	Replacement	\$4,000.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer equipment located at 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939. 5 Management Laptops: \$3,750 3 Office Printers: \$400 5 Monitors/Harddrives: \$750	Unknown	Replacement	\$3,900.00
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$14,400.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

Debtor International Orange Spa, Inc.
Name

Case number (If known) _____

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1. **Leased Vehicle: 2019 Mazda CX-5 Utility 4D Touring 2WD I4 in good condition; Mileage = 11,000; NADA Average trade-in value = \$20,950.00; Vehicle is leased to Debtor who holds legal title only and has no equitable (0%) ownership interest in vehicle; Vehicle will be returned to Lessor upon lease completion.**

\$20,950.00

Comparable sale

\$0.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Spa equipment located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939

**10 Oxygen Machines : \$2,500
8 Microderm Machines: \$400
10 Steamers: \$500
10 Mag Lights \$250**

Unknown

Replacement

\$3,650.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$3,650.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 4

Debtor International Orange Spa, Inc.
Name

Case number (If known) _____

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill			
	Trade name, goodwill and other intangibles	Unknown	N/A	Unknown

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**

Debtor International Orange Spa, Inc.
Name

Case number (If known) _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership
Cleaning supplies located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939

\$250.00

Office supplies located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939.

\$150.00

Miscellaneous personal property of no realizable value abandoned in place at San Francisco business location: 2044 Fillmore Street, 2nd Floor, 94115

\$0.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$400.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor International Orange Spa, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$665,417.79</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$24,448.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$48,527.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$14,400.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$3,650.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$400.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$756,842.79</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$756,842.79</u>

Fill in this information to identify the case:Debtor name **International Orange Spa, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Bank of Marin Creditor's Name Attn: Bankruptcy PO Box L Novato, CA 94948-2039 Creditor's mailing address N/A Creditor's email address, if known Date debt was incurred 3/2020 Last 4 digits of account number 0304 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Line of Credit issued, yet to be accessed. Describe the lien Line of Credit Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
2.2	U.S. Small Business Administration Creditor's Name Attn: EIDL Loans 455 Market St. suite 600 San Francisco, CA 94105 Creditor's mailing address disastercustomerservice@sba.gov Creditor's email address, if known Date debt was incurred 6/15/2020 Last 4 digits of account number 7910 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Economic Injury Disaster Loan secured by a blanket lien. Describe the lien Secured Loan With Lien On Business Assets Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$149,900.00	\$74,000.00

Debtor **International Orange Spa, Inc.**
Name

Case number (if known)

- ☒ No ☐ Contingent
☐ Yes. Specify each creditor, including this creditor and its relative priority. ☐ Unliquidated ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$149,900.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703-4261

Line 2.2

U.S. Small Business Administration
Attn: Office of Disaster Assistance
14925 Kingsport Road
Fort Worth, TX 76155

Line 2.2

U.S. Small Business Administration
Attn: Bankruptcy
10737 Gateway West, 11300
El Paso, TX 79935

Line 2.2

U.S. Small Business Administration
Attn: Director, RMD
409 3rd St., SW
Washington, DC 20416

Line 2.2

Fill in this information to identify the case:Debtor name **International Orange Spa, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alana Joyful Simpson 2182 Vicksburg Ave Oakland, CA 94601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$146.85	\$146.85
	Date or dates debt was incurred Various dates	Basis for the claim: PTO/Benefits.		
	Last 4 digits of account number N/A	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			
2.2	Priority creditor's name and mailing address Ashlee French 2140 20th St #5 San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$167.54	\$167.54
	Date or dates debt was incurred Various dates	Basis for the claim: PTO/Benefits.		
	Last 4 digits of account number N/A	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)			

Debtor	Name	Case number (if known)		
2.3	Priority creditor's name and mailing address CA Franchise Tax Board Attn: Corporate Bankruptcy PO Box 942857 Sacramento, CA 94257-0050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: N/A		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address Casey Des Rosier 604 Bush St #406 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$270.40	\$270.40
	Date or dates debt was incurred Various dates	Basis for the claim: PTO/Benefits.		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address EDD-California Employee Development Dept PO Box 826846 Sacramento, CA 94246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: N/A		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address Erin Moens 2291 Guerneville Rd #2 Santa Rosa, CA 95403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$76.58	\$76.58
	Date or dates debt was incurred Various dates	Basis for the claim: PTO/Benefits.		
	Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **International Orange Spa, Inc.**
Name

Case number (if known)

2.7 Priority creditor's name and mailing address

Gabriel McVay
PO Box 3283
Fairfield, CA 94533

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$413.83 **\$413.83**

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.8 Priority creditor's name and mailing address

Gena Price
625 Furlong Rd.
Sebastopol, CA 95472

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$788.40 **\$788.40**

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.9 Priority creditor's name and mailing address

Gift Certificates
Various Holders

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

\$1,400,000.00 **\$1,400,000.00**

Date or dates debt was incurred

Various dates

Basis for the claim:

Unliquidated gift certificates

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☒ No

☐ Yes

2.10 Priority creditor's name and mailing address

Internal Revenue Service
Central Insolvency Section
PO Box 7346
Philadelphia, PA 19101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

N/A

Notice only

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No

☐ Yes

Debtor	Name	Case number (if known)		
2.11	Priority creditor's name and mailing address Internal Revenue Service Centralized Lien Unit Division Cincinnati IRS Campus PO Box 145595 Cincinnati, OH 45250-5595	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: N/A Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address Jeff Pontillo 1442 A. Walnut St #104 Berkeley, CA 94709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,861.70	\$1,861.70
	Date or dates debt was incurred Various dates Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: PTO/Benefits. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address Jenefer Hernandez 4308 Jenkins Way Richmond, CA 94806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$314.16	\$314.16
	Date or dates debt was incurred Various dates Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: PTO/Benefits. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address Jennifer Gallegos 10 Milland Dr Apt 41 Mill Valley, CA 94941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,406.52	\$12,406.52
	Date or dates debt was incurred Various dates Last 4 digits of account number N/A Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: PTO/Benefits. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **International Orange Spa, Inc.**
Name

Case number (if known)

2.15 Priority creditor's name and mailing address

Kelly Mckonenn
11 South Knoll Road
Mill Valley, CA 94941

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$226.56

\$226.56

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.16 Priority creditor's name and mailing address

Maria Cristina McIlroy
2140 20th St #5
San Francisco, CA 94107

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$82.95

\$82.95

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.17 Priority creditor's name and mailing address

Marrisa Carter
770 41st Ave
San Francisco, CA 94121

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$462.00

\$462.00

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.18 Priority creditor's name and mailing address

Muhabere Vila
320 Ned's Way
Belvedere Tiburon, CA 94920

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$385.40

\$385.40

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

Debtor **International Orange Spa, Inc.**
Name

Case number (if known)

2.19 Priority creditor's name and mailing address

Nancy Chavarria Mata
1704 Lincoln Ave #10
San Rafael, CA 94901

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2.49 **\$2.49**

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.20 Priority creditor's name and mailing address

Regina Miller
1106 Bush. St. #602
San Francisco, CA 94109

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$913.40 **\$913.40**

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.21 Priority creditor's name and mailing address

Ryan DeMatteo
PO Box 176
San Geronimo, CA 94963

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,983.69 **\$3,983.69**

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

2.22 Priority creditor's name and mailing address

Sabrina O'Connell
1050 Court St #313
San Rafael, CA 94901

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$325.43 **\$325.43**

Date or dates debt was incurred

Various dates

Basis for the claim:

PTO/Benefits.

Last 4 digits of account number **N/A**

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?

☒ No

☐ Yes

Debtor **International Orange Spa, Inc.**
Name

Case number (if known)

2.23 Priority creditor's name and mailing address
Seda Poghosyan
7025 California St #301
San Francisco, CA 94121

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$310.19 **\$310.19**

Date or dates debt was incurred
Various dates

Basis for the claim:
PTO/Benefits.

Last 4 digits of account number **N/A**
Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?
☒ No
☐ Yes

2.24 Priority creditor's name and mailing address
Shalaya Cherry
1801 East Rimrock Rd.
Barstow, CA 92311

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$277.38 **\$277.38**

Date or dates debt was incurred
Various dates

Basis for the claim:
PTO/Benefits.

Last 4 digits of account number **N/A**
Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?
☒ No
☐ Yes

2.25 Priority creditor's name and mailing address
Tegan Ford
999 Broadway St Apt 8
San Francisco, CA 94133

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,566.06 **\$1,566.06**

Date or dates debt was incurred
Various dates

Basis for the claim:
PTO/Benefits.

Last 4 digits of account number **N/A**
Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

Is the claim subject to offset?
☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address
Cross River Bank
Attn: Bankruptcy
885 Teaneck Road
Teaneck, NJ 07666

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

\$562,607.00

Date(s) debt was incurred **4/30/2020**

Basis for the claim: **SBA Loan made through the Paycheck Protection Program (PPP).**

Last 4 digits of account number **7306**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **International Orange Spa, Inc.**
Name

Case number (if known)

3.2 Nonpriority creditor's name and mailing address

Markel Corporation
Attn: Bankruptcy
4521 Highwoods Parkway
Glen Allen, VA 23068

Date(s) debt was incurred 04/2019

Last 4 digits of account number 1012

As of the petition filing date, the claim is: *Check all that apply.*

\$14,765.00

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Worker's Compensation insurance classification/rate increase.

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

Melissa Ferst
65 Hermit Lane
Kentfield, CA 94904

Date(s) debt was incurred 12/2015

Last 4 digits of account number N/A

As of the petition filing date, the claim is: *Check all that apply.*

\$124,611.48

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Loan to Debtor

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address

Vera Cort, Trustee/Landlord
757 3rd Avenue
San Francisco, CA 94189

Date(s) debt was incurred 2020

Last 4 digits of account number N/A

As of the petition filing date, the claim is: *Check all that apply.*

\$350,000.00

- ☐ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Lease rejection damages re: 2044 Fillmore St. 2nd Floor, San Francisco, CA 94115.

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Cross River Bank Attn: Loan Servicing Department 400 Kelby Street, 14th Floor Fort Lee, NJ 07024	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Losch Ehrlich & Meyer, Attorneys at Law Attn: Mark R. Meyer, Esq. 750 Battery Street Suite 750 San Francisco, CA 94111	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Office of Management and Budget Attn: SBA Desk Officer New Executive Office Building Rm. 10202 Washington, DC 20503	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	U.S. Small Business Administration Attn: Director, RMD 409 3rd St., SW Washington, DC 20416	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	U.S. Small Business Administration Attn: PPP Loans 455 Market St. suite 600 San Francisco, CA 94105	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor International Orange Spa, Inc.
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 1,424,981.53
5b. +	\$ 1,051,983.48
5c.	\$ 2,476,965.01

Fill in this information to identify the case:

Debtor name International Orange Spa, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

120 month Commercial Lease that began 4/1/2016 for Debtor's business property where Debtor is Lessee, located at: 2421 Larkspur Landing Circle, Ste. 43, Larkspur, CA 94939. Monthly contract rent = \$17,476.83; Lessor holds a security deposit in the amount of \$10,000.00.

Rent payments are in arrears dating back to 03/01/2020; Past due amount through 10/1/2020 rent = \$115,573.18. 5 years 6 months

State the term remaining

List the contract number of any government contract

N/A

**Marin County Mart, LLC
c/o J.S. Rosenfield & Co.
921 Montana Ave
Attn: James S. Rosenfield.
Santa Monica, CA 90403**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.2. State what the contract or lease is for and the nature of the debtor's interest

36 month Vehicle lease that began 09/2019; Monthly contract pmt. = \$336.76; No arrear. Leased Vehicle: 2019 Mazda CX-5 Utility 4D Touring 2WD I4 in good condition; Mileage = 11,000; NADA Average trade-in value = \$20,950.00.

Vehicle is leased to Debtor who holds legal title only and has no equitable (0%) ownership interest in vehicle; Vehicle will be returned to Lessor upon lease completion; Lease to be assumed. 1 year 11 months

State the term remaining

List the contract number of any government contract

Mazda acct. # = x6185

**Mazda Capital Services
Attn: Bankruptcy
PO Box 78058
Phoenix, AZ 85062**

2.3. State what the contract or lease is for and the nature of the debtor's interest

120 month Commercial Lease extension that began 1/1/2018 (Original lease began 2/21/2013 and was extended on 4/21/2017) for Debtor's business property where Debtor is Lessee, located at: 2044 Fillmore Street, 2nd floor, San Francisco, CA 94115. Monthly contract rent = \$13,358.00; Lessor holds a security deposit in the amount of \$14,448.00; Rent payments are in arrears and Debtor wishes to reject lease.

State the term remaining

List the contract number of any government contract

8 years 2 months

N/A

**Vera Cort, Trustee/Landlord
757 3rd Avenue
San Francisco, CA 94118**

Fill in this information to identify the case:Debtor name International Orange Spa, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.2

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.3

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.4

Street

City

State

Zip Code

☐ D☐ E/F☐ G

Fill in this information to identify the case:Debtor name International Orange Spa, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2020 to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$514,767.00**For prior year:**From 1/01/2019 to 12/31/2019☒ Operating a business☐ Other _____\$4,003,186.00**For year before that:**From 1/01/2018 to 12/31/2018☒ Operating a business☐ Other _____\$3,928,735.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Wells Fargo Business Correspondence Attention: Bankruptcy PO Box 29482 Acct # ending 6712 Phoenix, AZ 85038	10/7/2020: \$8,000.00 10/4/2020: \$4,512.51 09/1/2020: \$4,161.55 08/3/2020: \$5,948.44	\$22,622.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Business credit card payments</u>
3.2. Wells Fargo Business Correspondence Attn: Bankruptcy PO Box 29482 Acct # ending 8539 Phoenix, AZ 85038	10/07/2020: \$15,000.00 10/04/2020: \$8,683.62 09/24/2020: \$5,000.00 09/14/2020: \$5,000.00 09/01/2020: \$6,316.91 08/03/2020: \$3,375.64	\$43,376.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Business credit card payments</u>
3.3. Employees of International Orange Inc. Various Listed on Schedule E	10/10/2020: \$47,580.41 (Prepayment of 10/25/2020 payroll) 10/10/2020: \$35,081.72 (Regular payroll for 9/30/2020 pay period end date) 09/25/2020: \$21,637.49 (Regular payroll for 9/15/2020 pay period end date) 09/10/2020: \$35,157.42 (Regular payroll for 08/31/2020 pay period end date) *Only payments in last 90 days.	\$139,457.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee Payroll</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Melissa Ferst 65 Hermit Lane Kentfield, CA 94904 President/100% Shareholder	10/1/2019 - 9/30/2020	\$147,829.40	Salary: \$30,502.47 Dividend Distributions: \$89,000.00 Health Insurance Benefits paid: \$ 28,266.93 Simple IRA Company Match: \$60.00

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. (JESSIE) MAE SAWYER VS. INTERNATIONAL ORANGE SPA, INC. CSM20862409	Money; Suing for "Abuse of at will employment clause" *Judgment in favor of Defendant/Debtor; Balance owed to Plaintiff = \$0.00	Superior Court of California San Francisco County 400 McCallister Street San Francisco, CA 94102	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Cashmere Foundation 314 Carrera Drive Mill Valley, CA 94941	Cash donations when affordable.	Intermittently	\$4,420.00
	Recipients relationship to debtor None			
9.2.	Reed School Foundation 1199 Tiburon Blvd. Belvedere Tiburon, CA 94920	Cash donations when affordable	Intermittently	\$519.95
	Recipients relationship to debtor None			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	St. James Law, P.C. Michael St. James, Esq. 22 Battery Street, Suite 888 San Francisco, CA 94111	Attorney fees: \$5,000.00 paid pre-filing Attorney Retainer: \$50,000.00	09/25/2020; 10/8/2020	\$55,000.00
	Email or website address michael@stjames-law.com			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Bachecki, Crom & Co., LLP Jay D. Crom, CPA/ABV/CFF, CIRA, CFE 400 Oyster Point Blvd. Ste. 106 South San Francisco, CA 94080	Bankruptcy/Tax Accountant Retainer fee: \$5,000.00	10/8/2020	\$5,000.00
	Email or website address <u>jcrom@bachcrom.com</u>			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 2044 Fillmore Street 2nd Floor San Francisco, CA 94115	06/01/2001 - 10/7/2020

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

American Funds

Employer identification number of the plan

EIN: 39-6971035

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Do you still
have it?**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Do you still
have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do

not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Kopsa Otte Associates LLC Certified Public Accountant 306 E 7th St. York, NE 68467	1/2010 - present

Name and address		Date of service From-To
26a.2.	Ryan DeMatteo Bookkeeper/International Orange Employee 2421 Larkspur Landing Circle Ste. 43 Larkspur, CA 94939	01/2015 - present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Melissa Ferst	65 Hermit Lane Kentfield, CA 94904	President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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Debtor International Orange Spa, Inc.

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Melissa Ferst 65 Hermit Lane Kentfield, CA 94904	Salary: \$30,502.47 Dividend Distributions: \$89,000.00 Health Insurance Benefits paid: \$28,266.93 Simple IRA Company Match: \$60.00	10/1/2019 - 9/30/2020	Owner's compensation
	Relationship to debtor <u>President/100% Shareholder</u>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

American Funds
PO BOX 6007
Indianapolis, IN 46206-6007

EIN: Simple IRA Plan EIN = 39-6971035

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 11, 2020/s/ Melissa Ferst

Signature of individual signing on behalf of the debtor

Melissa Ferst

Printed name

Position or relationship to debtor PresidentAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Northern District of California**

In re International Orange Spa, Inc.

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Melissa Ferst 65 Hermit Lane Kentfield, CA 94904	Common Stock	100%	Ownership

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date October 11, 2020

Signature /s/ Melissa Ferst
Melissa Ferst

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA**

In re
International Orange Spa, Inc.

Case No.

Debtor(s). _____ /

CREDITOR MATRIX COVER SHEET

I declare that the attached Creditor Mailing Matrix, consisting of 6 sheets, contains the correct, complete and current names and addresses of all priority, secured and unsecured creditors listed in debtor's filing and that this matrix conforms with the Clerk's promulgated requirements.

DATED: **October 11, 2020**

/s/ Michael St. James

Signature of Debtor's Attorney or Pro Per Debtor

Alana Joyful Simpson
2182 Vicksburg Ave
Oakland, CA 94601

Ashlee French
2140 20th St #5
San Francisco, CA 94107

Bank of Marin
Attn: Bankruptcy
PO Box L
Novato, CA 94948-2039

CA Franchise Tax Board
Attn: Corporate Bankruptcy
PO Box 942857
Sacramento, CA 94257-0050

Casey Des Rosier
604 Bush St #406
San Francisco, CA 94108

Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703-4261

Cross River Bank
Attn: Bankruptcy
885 Teaneck Road
Teaneck, NJ 07666

Cross River Bank
Attn: Loan Servicing Department
400 Kelby Street, 14th Floor
Fort Lee, NJ 07024

EDD-California Employee Development Dept
PO Box 826846
Sacramento, CA 94246

Erin Moens
2291 Guerneville Rd #2
Santa Rosa, CA 95403

Gabriel McVay
PO Box 3283
Fairfield, CA 94533

Gena Price
625 Furlong Rd.
Sebastopol, CA 95472

Gift Certificates
Various Holders

Internal Revenue Service
Central Insolvency Section
PO Box 7346
Philadelphia, PA 19101

Internal Revenue Service
Centralized Lien Unit Division
Cincinnati IRS Campus
PO Box 145595
Cincinnati, OH 45250-5595

Jeff Pontillo
1442 A. Walnut St #104
Berkeley, CA 94709

Jenefer Hernandez
4308 Jenkins Way
Richmond, CA 94806

Jennifer Gallegos
10 Milland Dr Apt 41
Mill Valley, CA 94941

Kelly Mckonenn
11 South Knoll Road
Mill Valley, CA 94941

Losch Ehrlich & Meyer, Attorneys at Law
Attn: Mark R. Meyer, Esq.
750 Battery Street
Suite 750
San Francisco, CA 94111

Maria Cristina Mcilroy
2140 20th St #5
San Francisco, CA 94107

Marin County Mart, LLC
c/o J.S. Rosenfield & Co.
921 Montana Ave
Attn: James S. Rosenfield.
Santa Monica, CA 90403

Markel Corporation
Attn: Bankruptcy
4521 Highwoods Parkway
Glen Allen, VA 23068

Marrisa Carter
770 41st Ave
San Francisco, CA 94121

Mazda Capital Services
Attn: Bankruptcy
PO Box 78058
Phoenix, AZ 85062

Melissa Ferst
65 Hermit Lane
Kentfield, CA 94904

Muhabere Vila
320 Ned's Way
Belvedere Tiburon, CA 94920

Nancy Chavarria Mata
1704 Lincoln Ave #10
San Rafael, CA 94901

Office of Management and Budget
Attn: SBA Desk Officer
New Executive Office Building
Rm. 10202
Washington, DC 20503

Regina Miller
1106 Bush. St. #602
San Francisco, CA 94109

Ryan DeMatteo
PO Box 176
San Geronimo, CA 94963

Sabrina O'Connell
1050 Court St #313
San Rafael, CA 94901

Seda Poghosyan
7025 California St #301
San Francisco, CA 94121

Shalaya Cherry
1801 East Rimrock Rd.
Barstow, CA 92311

Tegan Ford
999 Broadway St Apt 8
San Francisco, CA 94133

U.S. Small Business Administration
Attn: EIDL Loans
455 Market St. suite 600
San Francisco, CA 94105

U.S. Small Business Administration
Attn: Director, RMD
409 3rd St., SW
Washington, DC 20416

U.S. Small Business Administration
Attn: PPP Loans
455 Market St. suite 600
San Francisco, CA 94105

U.S. Small Business Administration
Attn: Office of Disaster Assistance
14925 Kingsport Road
Fort Worth, TX 76155

U.S. Small Business Administration
Attn: Bankruptcy
10737 Gateway West, 11300
El Paso, TX 79935

Vera Cort, Trustee/Landlord
757 3rd Avenue
San Francisco, CA 94189

**United States Bankruptcy Court
Northern District of California**

In re **International Orange Spa, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **International Orange Spa, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

October 11, 2020

Date

/s/ Michael St. James

Michael St. James

Signature of Attorney or Litigant

Counsel for **International Orange Spa, Inc.**

St. James Law, P.C

22 Battery Street, Suite 888

San Francisco, CA 94111

(415) 391-7568 Fax:(415) 391-7568

michael@stjames-law.com